

## DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship

are as stated below next to my name.

5

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled LIFTING MECHANISM FOR RAISING AND LOWERING TRUCK BOX CAPS (Attorney's Docket No. MCCART-3), the specification of which was filed on 11/03/03, accorded Serial No. 10/700,145, and is identified by Attorney's Docket No. MCCART-3.

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I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

20

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim priority benefits under Title 35, United States Code, Section 119(e), of United States Provisional Patent Application Serial No. 60/423,059, filed 11/01/2002, for LIFTING MECHANISM FOR RAISING AND LOWERING TRUCK BOX CAPS.

I hereby appoint Pandiscio & Pandiscio, a firm composed of Nicholas A. Pandiscio, Registration No. 17,293, Mark J. Pandiscio, Registration No. 30,883, Scott R. Foster, Registration No. 20,570, and James A. Sheridan, Registration No. 43,114, or any of them, of 470 Totten Pond Road, Waltham, Massachusetts 02451, (Telephone No. 781-290-0060), my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent Office connected therewith.

5

10

Please direct all correspondence in this matter to:

James A. Sheridan

Pandiscio & Pandiscio, P.C.

470 Totten Pond Road

Waltham, MA 02451-1914

Tel.: 781 290 0060

Fax.: 781 290 4840

10 Please direct all telephone calls to:

James A. Sheridan or

Mark J. Pandiscio

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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|      | Inventor's full name:   | Robert W. B. Davidson                       |  |
|------|---|---|--|
|      |   | (Deceased)                                  |  |
|      | Former Residence:   | 12 Cedarock Drive                           |  |
| 5    |   | Kanata, Ontario K2M 2H6                     |  |
|      |   | CANADA                                      |  |
|      | Former Postal address:  | Same  |  |
|      | Citizenship:  | Canadian                                    |  |
| 10   | I, D.W. C.BSo. I am executing and signing DECLARATION AND POWER OF AT                   | the above-identified                        |  |
| 15 . | <pre> the administrator(trix) of the<br/>above-identified deceased inventor.</pre>      |   |  |
| 20   | executor(trix) of the last will and testament of the above-identified deceased inventor |   |  |
| -    |   | tive (or heirs) of the<br>deceased inventor |  |

That, upon information and belief, I aver those facts that the inventor is required to state.

| 5  | Full name:           | DOUGLAS WILLIAM GIBSON |
|----|----------------------|------------------------|
|    | Signature:           | Dihm                   |
|    | Residence:           | 850 LAKESHORE DR. AMS  |
|    |                      | DORJAL, QUEBEC         |
|    |                      | H9S 879                |
| 10 | Postal address:      | SSHE                   |
|    |                      |                        |
|    |                      |                        |
|    | Citizenship:         | CANAISIAN              |
| 15 | KK/MCCART3.DEC2      |                        |
|    | 1111, 11001111101000 |                        |



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|    | Former Postal address:  | Same   |  |  |
|    | Citizenship:  | Canadian   |  |  |
|    |   |  |  |  |
| 10 | I, D.W. GIBSON, hereby declare that I am executing and signing the above-identified DECLARATION AND POWER OF ATTORNEY as: |  |  |  |
| 15 |   | the administrator(trix) of the above-identified deceased inventor.                                 |  |  |
|    |   | <pre>executor(trix) of the last will and testament of the above-identified deceased inventor</pre> |  |  |
| 20 |   | _ legal representative (or heirs) of the   |  |  |

That, upon information and belief, I aver those facts that the inventor is required to state.

| 5  | Full name:      | DOUGLAS WILLIAM GIBSON |
|----|-----------------|------------------------|
|    | Signature:      | John                   |
|    | Residence:      | SSO LAKESHORE DR #MS   |
|    |                 | DORVAL QUEBEC          |
|    | •               | 195 579                |
| 10 | Postal address: | SAME                   |
|    |                 |                        |
|    |                 |                        |
|    | Citizenship:    | CANADIAN               |
| 15 |                 |                        |

KK/MCCART3.DEC2